BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

NICOLAS LNENICKA, Claimant, vs. DAY & ZIMMERMAN GROUP, INC., Employer, and NEW HAMPSHIRE INSURANCE COMPANY, Insurance Carrier, Defendants.	:	File No. 5064496 A R B I T R A T I O N D E C I S I O N Head Note Nos.: 1402.40, 1801, 2501

STATEMENT OF THE CASE

Claimant, Nicolas Lnenicka, filed a petition in arbitration seeking workers' compensation benefits from Day & Zimmerman, employer, and New Hampshire Insurance Company, insurer, both as defendants. This matter was heard in Cedar Rapids, Iowa on August 21, 2019 with a final submission date of September 11, 2019.

The record in this case consists of Joint Exhibits 1 through 11, Claimant's Exhibits 1 through 9, Defendants' Exhibits A through H, and the testimony of claimant.

The parties filed a hearing report at the commencement of the arbitration hearing. On the hearing report, the parties entered into various stipulations. All of those stipulations were accepted and are hereby incorporated into this arbitration decision and no factual or legal issues relative to the parties' stipulations will be raised or discussed in this decision. The parties are now bound by their stipulations.

ISSUES

Whether the injury was the cause of a permanent disability;

The extent of claimant's entitlement to permanent partial disability benefits;

The commencement date of permanent partial disability benefits;

Whether the injury is the cause of a temporary disability;

Whether there is a causal connection between the injury and the claimed medical expenses;

Whether claimant is due reimbursement for an independent medical evaluation (IME); and

Costs.

FINDINGS OF FACT

Claimant was 41 years old at the time of the hearing. Claimant graduated from high school. Claimant worked for Roto Rooter. He did telemarketing sales. Claimant worked for the Pipefitters for three years. (Exhibit 4, page 29)

At the time of injury claimant worked as a boilermaker. Claimant had been working as a journeyman boilermaker since approximately 2010. Claimant has been with the boilermakers' union in Cedar Rapids for approximately 11 years. Claimant gets his job from the boilermakers' union.

In September of 2016, claimant began working for Day & Zimmerman in a job assigned from the union. Claimant was assigned to the Duane Arnold Nuclear Plant working at a job that was expected to last approximately 30 days. Claimant said his work was due to a power plant shutdown. (Transcript, pp. 17-18)

Claimant's prior medical history is relevant. Claimant was assessed as having attention deficit disorder (ADD) when he was 17. Claimant has taken prescription medication for ADD off and on since that time. (Ex. 5, Deposition p. 26; Tr., pp. 60, 94)

In 2003, claimant was diagnosed with a major depressive disorder with possible bipolar disorder. (Joint Ex. 1, p. 3) In 2007, claimant was noted to have depression, anxiety, and ADD. (Jt. Ex. 1, p. 4)

In 2015, claimant was treated for uncontrolled ADD and an inability to focus. (Jt. Ex. 3, p. 11)

Records from 2015 and 2016 indicate that claimant had sleep apnea and was approved for a CPAP machine. (Jt. Ex. 6, pp. 32, 35)

On October 22, 2016, claimant was working at Duane Arnold. Claimant was working in an area where radiation protection was not required. (Ex. 5, p. 46) Claimant said he removed a gasket from a drain tank and three drops of a black substance got on his left and right arm and forehead. The substance was wiped off of claimant by another worker. Claimant said the other worker (an "HP" or person who oversees the boilermakers' work) scanned a radiation detection unit (also known as a "frisker") over claimant. Claimant said the needle on the frisker gauge moved. The HP told claimant he would be okay, as long as he was double-checked by going through scanners when he exited the plant.

Claimant said he went through a scanner on exiting the plant and the sensor went off. Claimant went through a different scanner and the monitor did not go off. Claimant said it was not unusual at the power plant to have false alarms on exit scanners. (Ex. 5, Depo. p. 49; Tr. pp. 35-36)

The substance that claimant got on his skin was later identified as Deacon 770-L-SS. (Ex. 3, p. 20) Deacon is a high pressure sealant. Safety information from Deacon indicates the sealant can cause skin and eye irritation. Information also indicates that it can cause an allergic skin reaction or may cause respiratory irritation. (Ex. 3, p. 22)

Claimant worked for a few more days at the Duane Arnold plant until the assignment ended on October 26, 2016. There was no indication that between October 22, 2016 and October 26, 2016 claimant complained of any problems regarding the contact with the Deacon.

On October 27, 2016, claimant filed an incident report indicating he noticed skin irritation from the contact with this sealant. (Ex. B, p. 4)

Claimant told a psychologist that three days after the exposure to Deacon, he woke up shaking uncontrollably and thought he was going to die. Claimant testified that his whole body burned and itched. Claimant went to the emergency room. (Ex. 2, p. 12; Tr. pp. 54-55)

On October 28, 2016, claimant was evaluated at Mercy Medical Center in the emergency department. Claimant was scratching and rubbing his arm. He indicated he initially came into contact with an unknown substance while working at Duane Arnold. Claimant had normal mood and affect. Claimant was assessed as having contact dermatitis due to chemicals. He was prescribed prednisone and Keflex. There is no mention in the medical records from this visit of claimant shaking uncontrollably or believing that he was close to death. (Jt. Ex. 7, pp. 38-41)

Claimant said the dermatitis later spread to his trunk. Exhibit 9 are pictures taken by claimant of the dermatitis on his arms and trunk. They show a rash on the medial portion of claimant's right arm, and on claimant's right side of his trunk and on both elbows. (Ex. 9)

On October 31, 2016, claimant was evaluated by Wei Li, M.D., for a rash. Claimant's mood was anxious. Claimant was worried that a chemical went into his body causing damage. Claimant was assessed as having contact dermatitis. He was prescribed prednisone and a topical steroid cream. (Jt. Ex. 7, pp. 45-48)

A review of records from Duane Arnold indicate that claimant did not sustain any illness or injury due to exposure to radiation. (Ex. F, p. 17)

On November 7, 2016, claimant was evaluated by Nicholas Bingham, M.D. Claimant was assessed as having allergic dermatitis due to chemical products. Claimant was told to use topical steroids and Benadryl for itching. (Jt. Ex. 7, pp. 53-56)

Claimant returned to Dr. Li on November 17, 2016. Claimant's rash had "improved a lot." Claimant was to continue with topical creams until the rash was gone. (Jt. Ex. 7, pp. 57-59)

On the same day, claimant was evaluated by Dr. Bingham. Claimant's rash on his arms was nearly gone. His rash on his trunk was lighter. Claimant was returned to work at full duty. (Jt. Ex. 7, pp. 57-60)

On November 30, 2016, claimant was evaluated by a dermatologist, Barbara Lindman, M.D., for a rash. Claimant was assessed as having improved contact dermatitis. Claimant was told his rash would continue to fade over time. (Jt. Ex. 8)

On March 20, 2017, claimant was seen by Dr. Li for a physical. Records note that claimant had contact dermatitis that eventually became better after steroid treatment. Claimant had a history of sleep apnea. Claimant was recommended to get a new CPAP machine, but failed to do so. Claimant was again recommended to get a CPAP machine. (Jt. Ex. 7, pp. 63-70)

Claimant returned in follow up to the Mercy Medical Center for a new order for a CPAP machine. Claimant was evaluated by Brenda Murphy, M.D. Claimant wanted a change in his ADD medications. He was assessed as having ADD and major depressive disorder. Claimant was also assessed as having possible bipolar disorder, depression and sleep apnea. (Jt. Ex. 7, pp. 71-74)

Claimant returned in follow up with Dr. Murphy. Claimant failed to get his CPAP machine. He was assessed as having major depressive disorder and ADD and obstructive sleep apnea. Claimant was told to get his sleep apnea treated as recommended, which would help his depression. (Jt. Ex. 7, pp. 75-78)

In an October 4, 2018 letter, written by defense counsel, Dr. Bingham opined that claimant had no permanent impairment and no permanent restrictions from the October 22, 2016 date of injury. Dr. Bingham last examined claimant on November 17, 2016. His opinion was based upon his review of treatment notes and review of records from October 20, 2016 and September 20, 2017. (Ex. F)

On January 9, 2019, claimant received counseling at the Abbe Center for Community Mental Health. Claimant indicated feeling low but was not taking his medication. Claimant was prescribed medication for mental health but was not taking his meds. Claimant was assessed as having a major depressive disorder (MDD) and post-traumatic stress disorder (PTSD). (Jt. Ex. 11, pp. 98-101)

In a March 18, 2019 report, Frank Gersh, Ph.D., gave his opinions of claimant's mental health condition following an independent psychological evaluation. Claimant told Dr. Gersh he was exposed to a chemical at work which resulted in a rash. Claimant said the rash turned into second-degree burns. Claimant indicated that he contemplated suicide and gave all his guns to a brother in November of 2018. (Ex. 2, pp. 11-12)

Claimant's mood was noted to be constantly anxious and depressed. Dr. Gersh assessed claimant as having PTSD. Dr. Gersh believed claimant's symptoms of depression and PTSD started shortly after anxiety concerning his health. (Ex. 2, p. 14)

Dr. Gersh opined that claimant's injury was a casual factor in the recurrence of depression and PTSD in claimant. He assessed claimant as having an MDD and PTSD that was temporary. (Ex. 2, pp. 15-18)

In an April 2, 2018 report, Sunil Bansal, M.D., gave his opinions of claimant following an IME. Claimant had aching joints. Claimant's skin was discolored. Dr. Bansal assessed claimant as having contact dermatitis. He found claimant was at maximum medical improvement (MMI) as of November 30, 2016. Based on the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition, Table 8-2, Dr. Bansal found claimant had a two percent permanent impairment to the body as a whole. (Ex. 1)

Claimant returned to the Abbe Center for counseling on April 22, 2019. Claimant was assessed as having MDD and PTSD. (Jt. Ex. 11, pp. 102-103)

In an April 23, 2019 report, Daniel Tranel, Ph.D., gave his opinions of claimant's mental health condition following an independent psychological evaluation. Claimant complained of significant changes in his emotional functioning since the October of 2016 work incident. (Ex. G, pp. 18-22)

A review of records indicated that claimant had a prior history of ADD and mental health issues, including depression and possible bipolar disorder. (Ex. G, pp. 18-19)

Dr. Tranel disagreed that claimant's work injury caused claimant's PTSD or recurrence of claimant's depression. This is because claimant's self-report symptoms could not be trusted given his MMPI-2 testing. This testing suggested symptom exaggeration. He did not believe that claimant's work injury led to PTSD. He opined that any major depressive disorder would be temporary in nature. (Ex. G, p. 27)

Claimant testified he worked on other jobs through the union between November of 2016 and January of 2018. He testified that on August 1, 2019, he began a job with Latham Boilers, earning $20 an hour. He said this was the only job that he applied for outside of getting work through the union. (Ex. 4, p. 30; Tr. pp. 30-31)

Claimant testified he had no physical symptoms at the time of hearing from the October 22, 2016 work incident. Claimant said he believes he still has PTSD from the October 22, 2016 work incident. (Tr. pp. 58-61)

CONCLUSIONS OF LAW

The first issue to be determined is whether claimant's injury resulted in a permanent disability.

The party who would suffer loss if an issue were not established has the burden of proving that issue by a preponderance of the evidence. Iowa Rule of Appellate Procedure 6.14(6).

The claimant has the burden of proving by a preponderance of the evidence that the injury is a proximate cause of the disability on which the claim is based. A cause is proximate if it is a substantial factor in bringing about the result; it need not be the only cause. A preponderance of the evidence exists when the causal connection is probable rather than merely possible. George A. Hormel & Co. v. Jordan, 569 N.W.2d 148 (Iowa 1997); Frye v. Smith-Doyle Contractors, 569 N.W.2d 154 (Iowa App. 1997); Sanchez v. Blue Bird Midwest, 554 N.W.2d 283 (Iowa App. 1996).

The question of causal connection is essentially within the domain of expert testimony. The expert medical evidence must be considered with all other evidence introduced bearing on the causal connection between the injury and the disability. Supportive lay testimony may be used to buttress the expert testimony and, therefore, is also relevant and material to the causation question. The weight to be given to an expert opinion is determined by the finder of fact and may be affected by the accuracy of the facts the expert relied upon as well as other surrounding circumstances. The expert opinion may be accepted or rejected, in whole or in part. St. Luke's Hosp. v. Gray, 604 N.W.2d 646 (Iowa 2000); IBP, Inc. v. Harpole, 621 N.W.2d 410 (Iowa 2001); Dunlavey v. Economy Fire and Cas. Co., 526 N.W.2d 845 (Iowa 1995). Miller v. Lauridsen Foods, Inc., 525 N.W.2d 417 (Iowa 1994). Unrebutted expert medical testimony cannot be summarily rejected. Poula v. Siouxland Wall & Ceiling, Inc., 516 N.W.2d 910 (Iowa App. 1994).

Claimant's counsel contends, in his brief, that claimant sustained a permanent physical disability from the October 22, 2016 work injury.

Claimant's injury occurred on October 22, 2016. Claimant later developed contact dermatitis as a result of coming in contact with Deacon. Records from November 17, 2016, approximately one month after the date of injury, indicate claimant's rash had improved and was very faint. (Jt. Ex. 7, pp. 57, 59) Records from Dr. Bingham, on November 17, 2016, note the rash was nearly undetectable. (Jt. Ex. 7, p. 60) Claimant was evaluated by a dermatologist on November 30, 2016. Claimant's rash was faint and he was assessed as having improved contact dermatitis. (Jt. Ex. 8, p. 84)

The last medical treatment claimant received for his rash was in November of 2016. Claimant testified at hearing that he had no physical symptoms from the October 22, 2016 incident. (Tr. pp. 57-58)

Two experts have opined regarding claimant's permanent physical symptoms.

Dr. Bansal assessed claimant one time for an IME. He opined that based upon Table 8-2 of the Guides, claimant had a two percent permanent impairment to the body as a whole as a result of his rash. (Ex. 1) Dr. Bansal's opinions regarding permanent

impairment are problematic for several reasons. First, Dr. Bansal's rating seems contrary to the examples found relating to Table 8-2 of the Guides. The examples, given claimant's symptoms at the time of hearing, suggest the claimant has no permanent impairment. (Guides, pp. 178-179)

Second, Dr. Bansal's opinions, seem contrary to medical records, from November of 2016, indicating that claimant had a faint or nearly undetectable rash. (Jt. Ex. 7, pp. 57, 60; Jt. Ex. 8, p. 84)

Third, as noted, claimant testified at hearing he has no physical symptoms from the October 22, 2016 incident. (Tr. pp. 57-58) This testimony is contrary to Dr. Bansal's finding of permanent impairment. Based on these issues, the opinions of Dr. Bansal regarding permanent impairment are found not convincing.

Dr. Bingham routinely treated claimant for his skin condition. He opined that claimant's skin condition resulted in no permanent impairment. Dr. Bingham's opinions regarding permanent impairment comport with the records, and with the fact that claimant has had no treatment for his skin since November of 2016. Given this record, the opinions of Dr. Bingham regarding claimant's permanent impairment are found more convincing.

Medical records from November of 2016 indicated claimant's rash was faint and nearly undetectable. Claimant has had no treatment for his rash since November of 2016. Claimant testified at hearing that he had no physical symptoms from the October 22, 2016 incident. The opinions of Dr. Bansal regarding permanent impairment are found not convincing. The opinions of Dr. Bingham regarding permanent impairment are found convincing. Based on this, claimant has failed to carry his burden of proof he sustained a permanent physical disability from the October 22, 2016 work incident.

Regarding claimant's mental injury, two experts have opined regarding a causal connection between claimant's mental condition and the October 22, 2016 incident.

Dr. Gersh evaluated claimant one time for an IME. He opined that claimant's October 22, 2016 work incident was a causal factor in causing claimant's PTSD and his reoccurrence of depression. (Ex. 2)

There are several problems with Dr. Gersh's opinion. As is noted in the record, the diagnosis of PTSD requires an actual or threatened death, severe injury, or sexual violence. (Jt. Ex. 11, p. 103)

The Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) (DSM-5) indicates that, for a diagnosis of PTSD, a person needs to be exposed to actual or threatened death, severe injury, or sexual violence by: 1) direct exposure to the event; 2) witnessing the event in person as it occurred to others; 3) learning the event occurred to a close family member or a close friend; 4) experiencing repeated or extreme exposure to details of the traumatic event. (DSM-5, p. 271)

As detailed above, claimant had a few droplets of a gasket sealer fall on his arms and forehead. This later caused a rash. This specific event does not appear to meet the criteria for a diagnosis of PTSD under the DSM-5. Dr. Tranel also opines that it appears the claimant failed to meet diagnostic criteria for a diagnosis of PTSD. (Ex. G, p. 27)

Second, it is noted claimant has a long history of prior mental health issues. This includes references to a potential bipolar disorder. There is little analysis or discussion in Dr. Gersh's opinion on how claimant's prior mental health conditions affect his alleged current condition.

Third, Dr. Gersh indicates that claimant's score on the MMPI-2 suggested symptom magnification. (Ex. 2, p. 16) However, Dr. Gersh gives no analysis or discussion why, despite a finding of potential symptom magnification, he did not question claimant's self-reported history of his mental health condition. Based on these problems, it is found the opinions of Dr. Gersh regarding causation of claimant's mental health condition are found not convincing.

Dr. Tranel also evaluated claimant one time for an independent psychological evaluation. Dr. Tranel could not say, within a reasonable degree of neuropsychological certainty, that claimant's psychological condition was caused by the October 2016 work incident. This is because claimant's self-report of symptoms should be questioned, given his scoring on the MMPI-2. He also believed claimant's injury event did not meet criteria for PTSD. Based on this, it is found that Dr. Tranel's opinions regarding causation are found more convincing.

Dr. Gersh's opinion regarding causation of claimant's mental health injury are found unconvincing. The opinions of Dr. Tranel regarding causation of claimant's mental health injury is found more convincing. Given this record, claimant has failed to carry his burden of proof that his October 2016 work incident resulted in a mental injury.

As claimant failed to carry his burden of proof he sustained a permanent disability, the issue regarding the extent of claimant's entitlement to permanent partial disability benefits is moot.

The next issue to be determined is whether claimant is entitled to temporary benefits.

When an injured worker has been unable to work during a period of recuperation from an injury that did not produce permanent disability, the worker is entitled to temporary total disability benefits during the time the worker is disabled by the injury. Those benefits are payable until the employee has returned to work, or is medically capable of returning to work substantially similar to the work performed at the time of injury. Section 85.33(1).

Claimant contends he is due temporary benefits from October 31, 2016 through November 29, 2016. The last day claimant worked for Day & Zimmerman was October 26, 2016. This is because the shutdown job had ended at Duane Arnold.

Claimant contends that because Dr. Bingham allegedly restricted him from exposure to skin sensitizers on October 31, 2016, and because Dr. Bansal found claimant at MMI as of November 29, 2016, claimant is due temporary benefits during this time. (Jt. Ex. 7, pp. 44, 54; Ex. 1, pp. 9-10; Claimant's Post-Hearing Brief, p. 17)

There is no evidence in the record claimant had any lost time from work because of Dr. Bingham's guidance that claimant avoid exposure to skin sensitizers.
Dr. Bingham noted that claimant had no work restrictions. (Jt. Ex. 7, p. 52)
Dr. Bingham returned claimant to full duty work on November 7, 2016. (Jt. Ex. 7, p. 56)

Dr. Bingham returned claimant to work without restrictions on October 31, 2016. There is no evidence that claimant missed any work due to a work restriction related to the October 22, 2016 work incident. Given this record, claimant has failed to carry his burden of proof he is due temporary benefits.

The next issue to be determined is whether claimant is entitled to reimbursement for Dr. Bansal's IME. Defendants stipulated in their brief that they would reimburse claimant for costs associated with Dr. Bansal's IME. (Defendants' Post-Hearing Brief, p. 20) As defendants agreed to pay for the IME with Dr. Bansal, this is not an issue that needs to be determined in this decision.

The next issue to be determined is whether there is a causal connection between the injury and the claimed medical expenses.

The employer shall furnish reasonable surgical, medical, dental, osteopathic, chiropractic, podiatric, physical rehabilitation, nursing, ambulance, and hospital services and supplies for all conditions compensable under the workers' compensation law. The employer shall also allow reasonable and necessary transportation expenses incurred for those services. The employer has the right to choose the provider of care, except where the employer has denied liability for the injury. Section 85.27. Holbert v. Townsend Engineering Co., Thirty-second Biennial Report of the Industrial Commissioner 78 (Review-Reopening October 16, 1975).

Defendants indicate in their brief that they would pay for medical care provided by Dr. Bingham and Dr. Lindman, detailed in Exhibit 6, occurring on October 31, 2016; November 7, 2016; November 17, 2016; and November 30, 2016. They also agreed to pay for any medication related to these visits. Defendants deny liability for any other expenses.

Regarding claimant's claim for other medical expenses, as noted it is found that claimant has failed to carry his burden of proof his mental injury was caused or materially aggravated by the October 2016 work incident. For these reasons, defendants are not liable for any charges related to claimant's mental health treatment. This includes, but is not limited to, charges incurred with the Abbe Center.

Charges for March 20, 2017 (claimant's annual physical), September 20, 2017 (request for a CPAP machine), December 20, 2017 (medication for claimant's ADD),

and April 24, 2018 (follow up for depression and ADD) do not relate to the work injury. Defendants are not liable for these charges.

Regarding the October 28, 2016, emergency room visit, Iowa Code section 85.27 provides in part;

> 4. For purposes of this section, the employer is obliged to furnish reasonable services and supplies to treat an injured employee, and has the right to choose the care. If the employer chooses the care, the employer shall hold the employee harmless for the cost of care until the employer notifies the employee that the employer is no longer authorizing all or any part of the care and the reason for the change in authorization. An employer is not liable for the cost of care that the employer arranges in response to a sudden emergency if the employee's condition, for which care was arranged, is not related to the employment. The treatment must be offered promptly and be reasonably suited to treat the injury without undue inconvenience to the employee. . . . In an emergency, the employee may choose the employee's care at the employer's expense, provided the employer or the employer's agent cannot be reached immediately. . . . The employer shall notify an injured employee of the employee's ability to contest the employer's choice of care pursuant to this subsection.

There was no testimony or proof the employer or employer's agent could not be reached before claimant went to the emergency department. As such, claimant is not entitled to reimbursement under the emergency provision of 85.27(4).

Under Iowa Code section 85.27, the employer has the right to choose medical care as long as it is offered promptly and is reasonably suited to treat the injury without undue inconvenience to the employee. An employer is not responsible for the cost of medical care that is not authorized by section 85.27. R.R. Donnelly & Sons v. Barnett, 670 N.W.2d 190 (Iowa 2003). A claimant can seek payment of unauthorized medical care if there is a preponderance of the evidence the care was reasonable and beneficial. Bell Bros. Heating v. Gwinn, 779 N.W.2d 193 (Iowa 2010). To be beneficial, the medical care must provide a more favorable medical outcome than would likely have been achieved by the care authorized by the employer. The claimant has a significant burden to prove the care was reasonable and beneficial. Id. at 206 Claimant offered no proof the October 28, 2016 emergency room visit resulted in a more favorable medical outcome than would likely have been achieved by authorized care. For that reason, claimant is not entitled to payment for the emergency room visit under the law detailed in Gwinn.

The final issue to be determined is costs. Costs are assessed at the discretion of this agency. As claimant has failed to prove any of the issues in this matter, each party shall pay their own costs.

ORDER

THEREFORE, IT IS ORDERED:

That claimant shall take nothing in benefits from this proceeding.

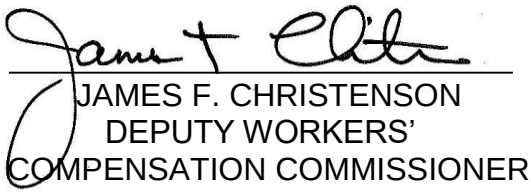
That defendants shall pay the medical charges agreed to in Defendants' Post-Hearing Brief, page 19.

That defendants shall pay costs associated with Dr. Bansal's IME, as indicated in Defendants' Post-Hearing Brief, page 20.

That both parties shall pay their own costs.

That defendants shall file subsequent reports of injury as required by this agency as required by this agency under rule 876 IAC 3.1(2).

Signed and filed this 9th day of December, 2019.



JAMES F. CHRISTENSON
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

The parties have been served, as follows:

James Neal (via WCES)
Aaron Oliver (via WCES)

Right to Appeal: This decision shall become final unless you or another interested party appeals within 20 days from the date above, pursuant to rule 876-4.27 (17A, 86) of the Iowa Administrative Code. The notice of appeal must be in writing and received by the commissioner's office within 20 days from the date of the decision. The appeal period will be extended to the next business day if the last day to appeal falls on a weekend or a legal holiday. The notice of appeal must be filed at the following address: Workers' Compensation Commissioner, Iowa Division of Workers' Compensation, 1000 E. Grand Avenue, Des Moines, Iowa 50319-0209.